## **Assisters Program Update**

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California Health Benefit Exchange Board Meeting March 21, 2013



# ASSISTERS PROGRAM Overview



### **Assisters Program Guiding Principles**

- Promote **maximum enrollment** of individuals into coverage;
- Build on and leverage existing resources, networks and channels to maximize
  enrollment into health care coverage, including close collaboration with state and local
  agencies, community organizations, businesses and other stakeholders with common
  missions and visions;
- Consider where eligible populations **live**, **work**, **and play**. Select tactics and channels that are based on research and evidence of how **different populations can best be reached** and encouraged to enroll and, once enrolled, retain coverage;
- Marketing and outreach strategies will reflect and target the mix and diversity of those eligible for coverage;
- Establish a trusted statewide Assisters Program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationship and partnerships;
- Ensure that **Assisters are knowledgeable** of both subsidized and non-subsidized health coverage and qualified health plans and that Assisters are **equipped with the information** and expertise needed to successfully enroll individuals into coverage; and
- Continue to learn and adjust strategies and tactics based on input from our national partners,
   California stakeholders, on-going research, evaluation and measurement of the programs' impact on awareness and enrollment.



# **Key Components to Success**

Affordable
Covered
California Health
Plans

Successful
Outreach &
Education

Smooth
Enrollment



# **Assisters Program Overview**

#### **Entities Eligible to be Assisters:**

Entity Type:	Included in June 26, 2012 Assisters Work Plan	Newly Identified After June 26, 2012	Eligible for Compensation (Yes/No)
Agents	X	_	No
Community Clinics	X		Yes
Hospitals	X		No
Labor Unions	X		Yes
Non-Profit Community Organizations	X		Yes
Providers	Χ		No
American Indian Tribe or Tribal Organizations		X	Yes
Attorneys (e.g., family law attorneys who have clients that are experiencing life transitions)	_	X	Yes
Chambers of Commerce	_	X	Yes
City Government Agency		X	Yes
Commercial fishing, industry organizations		X	Yes
Community Colleges and Universities		X	Yes
County Health Department that provide health care services to consumers	_	X	No
Faith-Based Organizations		Х	Yes



# **Assisters Program Overview**

#### **Entities Eligible to be Assisters (continued):**

Entity Type:	Included in June 26, 2012 Assisters Work Plan	Newly Identified After June 26, 2012	Eligible for Compensation (Yes/No)
Indian Health Facilities Services	_	X	Yes
Ranching and farming organizations	_	X	Yes
Resource partners of small businesses	_	X	Yes
School Districts	_	X	Yes
Tax Preparers	_	X	Yes
Trade, industry, and professional organizations	_	Χ	Yes



# **Assisters Program**

### **Key Issues**

- 1. Assister Liability Insurance Requirements
- 2. Assister Recruitment Strategies
- 3. Assister Training
- Fingerprinting/Background Checks
   (Will be presented in Agenda Item VI.B. for Board Action)



### **Stakeholders Providing Comments**

- 1. AIDS Services Foundation Orange County
- Asian Law Alliance/Asian Pacific American Legal
   Center
- 3. Barney & Barney, LLC
- 4. Behavioral Health & Recovery Services
- Blue Shield of California
- 6. California Association of Health Plans
- 7. California Institute for Mental Health
- 8. California Labor Federation
- 9. California Primary Care Association
- 10. Central California Alliance for Health
- 11. Consumers Union/California Pan-Ethnic Health Network/Western Center on Law and Poverty
- 12. Exam FX
- 13. First 5 Tuolumne County
- 14. Gary Bess Associates
- 15. HealthNet, Inc.
- 16. Inland Empire Health Plan
- 17. Insure the Uninsured Project

- 18. International Children Assistance Network
- 19. Joanie Reuben
- 20. Kirkland Insurance Services, Inc.
- 21. Long Beach City College, Institutional Resource

  Development
- 22. Margaret Ballou
- 23. Max Herr Insurance Services
- 24. Northern California Healthcare Navigators
- 25. San Francisco Community Clinic Consortium
- 26. San Francisco Department of Public Health
- 27. San Mateo County Health Systems
- 28. SEIU California
- 29. Steve Sauer
- 30. The Greenlining Institute
- 31. The Latino Commission
- 32. United Food & Commercial Workers Union
- 33. Vantage Business Support & Insurance Services



### **Key Issue #1: Assister Liability Insurance Requirements**

#### Original Recommendation:

 Require Assister Enrollment Entities to obtain the following types of insurance coverage: General Liability and Errors and Omissions.

#### Summary of Stakeholder Feedback:

• General agreement that requiring liability insurance for Individual Assisters was not feasible, because Individual Assisters would not qualify for this type of insurance.

#### Recommended Approach:

- Individual Assisters will NOT need to secure General Liability insurance; it would be secured by the Assister Enrollment Entity only (which was the original intent).
- The following insurance coverage will be required and must be secured by the Assister Enrollment Entities:
  - General Liability insurance
  - Auto Insurance
  - Workers Compensation
- Covered California staff recommends requiring Errors and Omission insurance coverage by Assister Enrollment Entities, if allowed by Federal Regulations.

### **Key Issue #2: Assister Recruitment Strategies**

#### Original Policy Consideration:

Conduct statewide recruitment efforts in phases, working from broad outreach to targeted recruitment for entities that target specific populations.

#### Summary of Stakeholder Feedback:

- Minimal feedback was received on recruitment strategies.
- Covered California should partner with various health plans to recruit agents for the Assisters Program.

#### Recommended Approach:

- Covered California will look to all opportunities for building a robust network of Assisters, particularly those that have had prior experience with healthcare and providing application assistance.
- Covered California will use the Community Outreach Network to recruit, establish and maintain a robust Assisters Program.



### Key Issue #2 (continued): Assister Recruitment Strategies

Preliminary Strategies				
Early Recruitment 1 <sup>st</sup> Quarter 2013	Active Recruitment 2 <sup>nd</sup> Quarter 2013	Targeted Recruitment 3 <sup>rd</sup> Quarter 2013		
<ul> <li>Broad outreach to potentially eligible entities:</li> <li>Outreach &amp; Education Grant Application – "Assisters Interest Form"</li> <li>Provide link to "Assisters Interest Form" on Exchange's website.</li> <li>Webinars soliciting interest from entities.</li> <li>Announce recruitment via Covered California ListServe.</li> <li>Promote "Assisters Interest Form" in MRMIB's Enrollment Entity Newsletter and Health-e-App e-mail blast – targeting existing Assisters network.</li> </ul>	<ul> <li>Identify gaps based on entities who have expressed interest.</li> <li>Deploy Assister Program Specialists to conduct targeted recruitment in each county (calls and in-person recruitment).</li> <li>Work with organizations to reach entities that have access to targeted population.</li> <li>Leverage work of Community Outreach Network to identify and recruit interested entities.</li> <li>Advertisements in specific newsletters and ads in relevant publications.</li> <li>Letters to existing enrollment entities and organizations whose mission align with Covered California.</li> <li>Presentation at Conferences.</li> </ul>	<ul> <li>Secure contact information from datasets and ListServs for potential eligible Assister Enrollment Entities.</li> <li>Work with the Community Outreach Network to recruit, hire and train local Assister Program Specialists to conduct recruitment.</li> <li>Work with the Community Outreach Network to develop county and statewide specific benchmarks and goals for recruitment of Assister Enrollment Entities and work plan for achieving them.</li> <li>Deploy Assister Program Specialists to conduct targeted recruitment in each County.</li> <li>Analyze data on progress towards recruitment benchmarks; adjust resources accordingly.</li> <li>Analyze enrollment rates by County and other characteristics to identify gaps in the Assisters network.</li> </ul>		



# **Key Issue #3: Assister Training**

#### Original Recommendation:

- Provide free 2-3 day training sessions either in-person or through a self-guided computer-based training format. Curriculum would include ten (10) topic areas ranging from Affordable Care Act guidelines, Assister Roles and Responsibilities, Compliance, Eligibility and Plan Enrollment, Consumer Assistance Programs, post-enrollment activities and CalHEERS. Requirements would also include refresher training and annual recertification training.
- Option of in-person (e.g., Instructor-Led) or self-guided computer-based training up to the Assister Enrollment Entity.

#### Summary of Stakeholder Feedback:

- General support was received for ensuring a comprehensive training curriculum is established.
- Some feedback voiced concern over whether or not a 2 3 day training session would be sufficient to fully prepare an In-Person Assister.
- Recommendations on various curriculum topics were received.
- Many were in support of a "Master Trainer" format.



### Key Issue #3 (continued): Assister Training

#### Recommended Approach:

- Develop curriculum in coordination with key partners, including Department of Health Care Services, Counties, California Department of Insurance, and Department of Managed Health Care.
- In-person (e.g., Instructor-Led) 2-3 day trainings are currently planned for the Assisters Program and will be available in various locations throughout the state. (Note: Length of training subject to change based on finalization of curriculum.)
- An anticipated 40% of Assisters will receive in-person training. Covered California should make an attempt to provide special considerations for organizations in rural areas and be sensitive to an organization's cost of sending individuals to training, by providing training in nearby locations.
- The remaining 60% of Assisters are expected to benefit from the convenience of receiving training through computer-based training.
- Careful review of testing exam criteria and feedback received during training to further refine curriculum and training methods will ensure Assisters are adequately trained and prepared to assist individuals with enrollment.
- Master Trainer model is not recommended at this time as it does not guarantee that second generation trainees receive complete, consistent and accurate training. However we can further evaluate in Year 2.



By centralizing the training, Covered California can ensure that all trainers receive proper training and are skilled and qualified to train others.

# **Projected Assisters Timeline**

In-Person Assistance Program	Date
Assister Enrollment Entity Application Release	Spring 2013
Assister Enrollment Entity Training Begins	Summer 2013
In-Person Assister Training and Certification Begins	August 2013
Open Enrollment Begins	Fall 2013

Navigator Program	Date
Navigator Grant Application Release	June 2013
Navigator Grant Application Submission Due	Mid-July 2013
Navigator Grant Award	Early October 2013
Navigator Training and Certification Begins	Mid-November 2013
Navigator Entities begin Enrollment Assistance	Early December 2013



### **QUESTIONS and SUGGESTIONS?**

Submit written comments/suggestions to:

eligibility@covered.ca.gov

by Tuesday, April 2, 2013

